



Audience

Washington State Children's Long Term Inpatient Programs (CLIP) Staff

What is WISe?

Washington State's Wraparound with Intensive Services (WISe)* provides comprehensive behavioral health services and supports to Medicaid eligible youth, up to 21 years of age, with complex behavioral health needs. WISe is a voluntary program model. It is designed to provide individualized, culturally competent services that keep youth with intense mental health needs safe in their own homes and communities. Historically, this level of service within communities has not been available in every county across the state. When this community resource is not available, it can result in unnecessary hospitalizations for youth. WISe offers a higher level of care through these core components:

• The Time and Location of services: WISe services are not office-based. They are provided in locations and at times that work best for the youth and family, such as in the family home and on evenings and weekends.



- Team-based Approach: Using a Wraparound model, WISe relies on the strengths of an entire team to meet the youth and family's needs. Intensive care coordination between all partners and team members is essential in achieving positive outcomes. Each team is individualized and includes the youth, family members, natural supports, a therapist, a youth partner and/or family partner, and members from other child-serving systems that are involved in a youth's life. Other team members could include family friends, school personnel, a probation officer, a religious leader, a chemical dependency counselor, or a coach/teacher. The team creates ONE Cross-System Care Plan that identifies strategies and supports, using the youth and family's voice and choice to drive their plan.
- **Help during a crisis:** Youth and families have access to crisis services any time of the day, 365 days a year. The youth receive services from an individual who is familiar with the family and their individualized crisis plan. Whenever necessary, this includes face-to-face interventions at the location where the crisis occurs.

When and How Should I refer Youth for WISe?

Referrals for WISe for youth in CLIP should be made as part of discharge and treatment planning. Referrals should be made for youth returning to counties that have implemented WISe. WISe is being rolled out across Washington until June 2018; therefore WISe may not be available yet in every part of the state.

For information on where WISe is available and who to contact go to: http://www.dshs.wa.gov/dbhr/cbh-wise.shtml.



*Washington's Wraparound with Intensive Services (WISe) Overview of the T.R. et al. v. Kevin Quigley and Dorothy Teeter Lawsuit

In November 2009, a Medicaid lawsuit was filed (formerly called T.R. v. Dreyfus) against the Department of Social and Health Services and the Health Care Authority about intensive mental health services for children and youth. The lawsuit is based on federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) laws that require states to provide mental health services and treatment to children who need them, even if the services have not been provided in the past. After several years of negotiations, both sides agreed on a plan that they believe will put them in compliance with the laws, and most importantly, work for youth and families in Washington State. The federal court approved this Settlement Agreement on December 19, 2013. The goal of the Settlement Agreement is to develop a system that provides intensive mental health services in home and community settings that work - for Medicaid eligible youth up to 21 years of age.

Our agreements indicate that CLIP programs will provide Child and Adolescent Needs and Strengths (CANS) screens and assessments for youth who are:

- Referred and placed into CLIP for treatment. All CLIP youth should receive a CANS assessment within the first 30 days, quarterly, and prior to discharge.
- These CANS assessments are expected to expedite referral access and placement for WISe services as CLIP youth discharge.

The Regional Support Network Children's Care Coordinator should be the primary contact for discharge planning for CLIP youth regarding WISe referrals and transitions. Contact information for the RSNs can be found here: http://www.dshs.wa.gov/dbhr/rsn.shtml.

What information is needed for referral?

At the time of a WISe referral, CLIP staff should provide updated clinical assessments and reviews from the CLIP program and the most recent CANS screen and assessment.

The youth receive services from an individual who is familiar with the family and their individualized crisis plan.

Special Considerations

CANS assessments provided within CLIP programs should be assessing the functional capabilities, needs, strengths and risk factors of the youth and family as they would manifest in the community setting. They are not intended to reflect the effects of the additional structure, 24-hour supervision by skilled staff, and intensive behavioral treatment supports and safety provisions available in the artificial CLIP environment.